## 140212037

## REPORT OF RECEIPTS RECEIVED AND DISBURSEMENTS 14 OF 127 PM 3:00

Families for James Lankford  ADDRESS (number and street)  Check if different than previously reported. (ACC)  Bethany  CITY  STATE  ZIP CODE  STATE ▼ DISTRICT  OK	FORM 3	For An A	Authorized Con	nmittee	1446	121 11	Office Use Onty	,
ADDRESS (number and street)  Check if different than previously reported. (ACC)  STATE  DISTRICT  OK  AMENDED  OK  AMENDED		TYPE OR PRIN			, type	12FE4M5	;	
ADDRESS (number and street)  Check if different than previously reported: (ACC)  2. FEC IDENTIFICATION NUMBER   C C00466482  3. IS THIS NEW STATE  C C00466482  3. IS THIS NEW (A) OR X AMENDED (A) OR X AMENDED (A)  4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (Ci)  July 15 Quarterly Report (Ci)  July 15 Quarterly Report (Ci)  October 15 Quarterly Report (Ci)  January 31 Year-End Report (YE)  C Covering Period  10 01 2014  1 Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Mrs. Terri Lynn Miller  Mrs. Terri Lynn Miller  Mrs. Terri Lynn Miller  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  Diffice	Families for James L	ankford	<u> </u>				<u> </u>	
ADDRESS (number and street)  Check if different than previously reported: (ACC)  2. FEC IDENTIFICATION NUMBER   C C00466482  3. IS THIS NEW STATE  C C00466482  3. IS THIS NEW (A) OR X AMENDED (A) OR X AMENDED (A)  4. TYPE OF REPORT (Choose One)  (a) Quarterly Report (Ci)  July 15 Quarterly Report (Ci)  July 15 Quarterly Report (Ci)  October 15 Quarterly Report (Ci)  January 31 Year-End Report (YE)  C Covering Period  10 01 2014  1 Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Mrs. Terri Lynn Miller  Mrs. Terri Lynn Miller  Mrs. Terri Lynn Miller  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  Diffice			1 1 1 1	1 1 1			1 1 1 1	
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00486482  3. IS THIS NEW X AMENDED OK STATE   OK STATE   OK STATE   STATE   STATE   OK STATE   STATE   OK STATE   STATE   OK STATE	ADDRESS (number and street)	PO Box 1639		11.1.1.1.1.				
C C00466482  3. IS THIS NEW (N) OR X AMENDED (OK (A)  4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  (c) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Fermination Report (TER)  Election on 10 10 15 2014  In the State of  Covering Period 10 01 2014  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer Mrs. Terri Lynn Miller  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. \$437g.	than previously	Bethany			<u> </u>	OK L	73008	-  -  -
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)  Termination Report (TER)  Covering Period  April 16 Quarterly Report (Q3) Description (Q3) Figure 17 Post Post Post Post Post Post Post Post	2. FEC IDENTIFICATION	NUMBER ▼	CITY A		S	TATE A		
(a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  Convention (12C)  Special (12S)  Convention (12C)  Special (12S)  January 31 Year-End Report (YE)  (c) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  Termination Report (TER)  Flection on  State of  Special (30S)  Termination Report (TER)  In the State of  State of  Lection on  State of  Total I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Mrs. Terri Lynn Miller  Signature of Treasurer  Mrs. Terri Lynn Miller  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	C C00466482				OR >	^	DED	
October 15 Quarterly Report (Q2)  Description (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  General (30G)  Termination Report (TER)  Election on  Termination Report (TER)  The State of OK  State of O	(a) Quarterly Reports:		(b) 12-Day <b>PR</b>		1	General (*	12G)	Runoff (12R)
October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  General (30G)  Termination Report (TER)  Election on  Through  To Post Period  To Post Print Name of Treasurer  Mrs. Terri Lynn Miller  Signature of Treasurer  Mrs. Terri Lynn Miller  OK  State of  OK  State	·		:	Convention (1	12C)	Special (1	2S)	
General (30G)  Runoff (30R)  Special (30S)  Termination Report (TER)  Election on  State of  5. Covering Period  Mode and belief it is true, correct and complete.  Type or Print Name of Treasurer  Mrs. Terri Lynn Miller  Signature of Treasurer  Mrs. Terri Lynn Miller			Election o	11	04 /	y y . 2014		OK
Termination Report (TER)  Election on  Election on  Election on  State of  5. Covering Period  M. M. M. D.	January 31 Year-End Report (YE)		(c) 30-Day <b>PC</b>	ST-Election Rep	ort for the:			
5. Covering Period 10 01 2014 through 10 15 . 2014  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer Mrs. Terri Lynn Miller  Signature of Treasurer Mrs. Terri Lynn Miller  NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	Termination Report (TER)		Election o		)	Runoff (30	in t	the
Type or Print Name of Treasurer  Mrs. Terri Lynn Miller  Signature of Treasurer  Mrs. Terri Lynn Miller  Mrs. Terri Lynn Mille	5. Covering Period			through				
Signature of Treasurer  Mrs. Terri Lynn Miller  Mrs. T	•			knowledge and l	belief it is tru	e, correct an	d complete.	
Office FORM 2			The same	L. M	ille	M M 10	23	Ž014
	Office	rroneous, or incomp	lete information ma	y subject the per	son signing th	nis Report to t		